MFB Financial TPA Inc.

A Mark F. Bailey Company

VISION CLAIM FORM

REMIT TO:

MFB Financial TPA, Inc., Attn: VISION CLAIMS
1200 Plantation Island Dr. S., Suite 210, St. Augustine, FL 32080-3115
Toll-Free Phone: 866.826.1800 **Local**: 904.461.1800 **Fax**: 904.461.1819

****PLEASE NOTE****

If your provider's office is filing your vision claim on your behalf, you do *not* need to use this form.

*****All Vision Claims MUST be filed within 6 months from your Date of Service; or the claim will be DENIED.*****

Name of Employee	Employee Date of Birth	Last 4 digits of SSN#
Employee Home Address (Street Address, City, State, Zip Code)		
Name of Dependent & Relationship (If Patient)	Dependent Date of Birth	Phone #

VISION BENEFIT SUMMARY

Eye Exam (**You may use the Vision Provider of your choice**)
Eye Exam, Maximum Benefit……..$65.00
Benefit percentage payable……..100%
Limited to one routine eye exam each calendar year (January 1 through December 31).

Ocular Hardware (**You may use the Vision Provider of your choice**)
Maximum Benefit…….. $200.00
Benefits percentage payable……..100%
This benefit may be used for Prescription Contact Lenses and/or Prescription Eyeglasses/ Frames. **Ocular hardware can be rolled over for one (1) year, allowing the possibility of a $400.00 reimbursement.**
The maximum benefit is per member January 1 through December 31.

DIRECTIONS FOR FILING A CLAIM:

1. FILL OUT THE CLAIM FORM ABOVE.

2. ATTACH YOUR BILL, LAB COPIES, AND ALL RECEIPTS (OR LEGIBLE COPIES) TO THIS CLAIM FORM.

3. MAIL OR FAX TO MFB FINANCIAL, INC., ATTN: VISION CLAIMS, AT THE FOLLOWING ADDRESS:

MFB FINANCIAL TPA, INC.
1200 PLANTATION ISLAND DR. S., SUITE 210
ST. AUGUSTINE, FL 32080-3115

FAX: 904.461.1819
ATTN: VISION CLAIMS

PLEASE ALLOW 4-8 WEEKS FOR PROCESSING.